

Virginia Commonwealth University
School of Nursing
Doctor of Nursing Practice (DNP)
Verification of Precepted Master's Degree/Post-MS Certificate Clinical Hours

To the School of Nursing applicant: Request that the School of Nursing official from your Master's degree/Post-MS certificate program complete this form and return it to you. You are required to upload this completed document as part of your application.

To the School of Nursing official: The individual named below is applying to the DNP at Virginia Commonwealth University. As part of the application, we require that applicants submit a verification of their precepted (supervised) Master's degree/Post-MS certificate clinical hours.

To be completed by the applicant:

Applicant name (please print clearly)

Name of institution where Master's degree/Post-MS certificate was earned (do not abbreviate)

Indicate program completed: ☐ MS/MSN ☐ Post-MS certificate

Advanced practice specialty

Month and year of graduation

To be completed by the School of Nursing official:

I verify that the applicant above has completed _____ (number) of precepted (supervised) clinical hours as part of the program named above.

School of Nursing official's name (please print clearly)

School of Nursing official's title (please print clearly)

School of Nursing official's signature

Date

School of Nursing official's email address (please print clearly)

Telephone number

School of Nursing mailing address (please print clearly)